



# HEALTH EDUCATION AMONG RURAL WOMEN: A DIRE NEED OF THE PRESENT TIME WITH SPECIAL REFERENCE TO UP.

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## ABSTRACT

As we know 70<sup>th</sup> World Health Day was celebrated last year in 2019 under the theme of “Universal Health Coverage” with an objective to achieve universal health coverage by 2030. Government of India has initiated significant reforms to improve citizen's access to good quality and affordable health care. But the largest number of people live in rural areas specially the rural women who are devoid of even basic nutrition food, education and health facilities. Education and sound health are the two most important correlative variables, capabilities of a human being to function effectively as a productive member of the society. So, how can we progress by neglecting the health of rural women and achieve universal health coverage. For this we need to chart out a clear road map to the complete transformation of India's health system.

**KEY WORDS:** Health Education, Rural Women and Government Health Schemes.

## INTRODUCTION :

Since the dawn of civilization and growing awareness of healthy human survival there have been efforts to mobilize the resources to ensure better health and hygiene in the human community as a whole and among the rural women in particular. A long time back due to the lack of resources and lack of awareness people were unaware about the complexities involved in the improvement of health conditions that are closely related to hygiene and cleanliness. However, the modification of life conditions with rapid growth of knowledge encouraged human beings to improve their life conditions. People started thinking in terms of the unification of the nature, environment and human conditions. There are ample evidences that in these activities there were the provisions for the pollution of the environment, spread of infection, wide spread of diseases and such other disorders. These conditions are not favorable even in the present time. Various researches confirm this fact that the rural women not even provided with basic medical facilities and they are thus at the constant risk of serious health hazards leading to death. When India is still facing the challenges in health sector this covid-19 has made the issue more serious and critical to ponder over this problem.

This virus shook the entire world with thousands of casualties reported and now many countries of the world are facing it at the different levels. At the present time even the urban residents are not getting basic proper medical facilities due to COVID-19 effects than what to talk about the rural areas where facilities are found very less. This pandemic has moved the attention from the luxurious life to simple quality food, better life style, health and hygiene. Hence, Rural Health care has become one of biggest challenges facing the Health Ministry of India.

Now it's the high time for the authorities and the government to focus not to open companies, temples, big buildings but to open good medical colleges and health centers in rural areas.

**Health** is defined by the World Health Organization (WHO) as a state of complete physical, mental, and social well being. This definition is accepted by all the signatories to the Alma-Ata Declaration on health adopted by the thirty-first World Health Assembly in 1978. This declaration gave the call of 'Health for All by 2000 AD' and accepted that Primary Health Care was a key to attaining this goal.

Uttar Pradesh is one of the largest, densely populated, and backward states of India which has a socio-economical and thus health related problems for women.

Considering the grim picture of the fact the present paper endeavors to explore and analyze the health conditions of rural women in UP. There are many factors like-poor- health, malnutrition, lack of health education, overwork, mistreatment, powerlessness etc.

In the light of the above points one can say women live a miserable life and belong to a marginalized society.

As it is evident from the findings of some studies:

- Studies in Uttar Pradesh- The NNMB surveys (1980),( Agarwal: 1987), (Khan et al: 1988). (Khan and Others: 1989) (Johnston: 2003). (Shah: 2005) (Dasgupta:2006),(NHRM 2005-12) indicates that rural women are discriminated when it comes to the allocation of food a nourishing diet during pregnancy, intakes of Vitamin A and iron among girl children and adoles-

cent.

- India's maternal mortality rates in rural areas are among the world's highest from a global perspective.
- Literacy and education also play a role in rural women's reduced health status.
- Poverty also plays a role in rural women being forced to partake in activities that increase their exposure to HIV and other.
- One of the key components of NRHM was to create a bond of female health volunteers named “Accredited Social Health Activist” (ASHA) in each village within the identified states.

**National health profile 2018** covers major health sector related indicators namely, demographic, socio-economic, health status, health finance, health infrastructure and human resources.

Government is spending just 1.3 per cent of the GDP for public healthcare, less than the global average of 6 per cent, a severe scarcity of doctors in the country and people continue to incur heavy medical expenditure across rural and urban hospital.

## One doctor serves a population of 11,000

According to the report, one allopathic government doctor in India, on an average, attends to a population of 11,082, which is 10 times more than the WHO recommended a doctor-population ratio of 1:1,000.

5.3 State/UT wise Number of Government Allopathic Doctors and Dental Surgeons & Average Population Served in India (Provisional)

S. No	State/UT	No. of Govt. Allopathic Doctors	No. of Govt. Dental Surgeons	Provisional/Projected Population* as on reference period in (000)	Average Population Served/Govt. Allopathic Doctor	Average Population Served/Govt. Dental Surgeon	Reference Period
1	Andhra Pradesh **	5114	491	51105	15189	106120	01.01.2017
2	Arunachal Pradesh	549	51	1327	2417	26020	31.12.2017
3	Assam	6082	544	32810	5395	60313	31.12.2017
4	Bihar	3976	405	101526	28391	250881	01.01.2015
5	Chhattisgarh	1508	110	25879	19116	258790	01.01.2017
6	Goa	321	110	1023	1583	18361	31.12.2017
7	Gujarat	5475	174	62825	14479	361066	01.01.2017
8	Haryana	2818	566	26675	10189	47129	01.01.2015
9	Himachal Pradesh	1517	276	7037	4639	25488	01.01.2016
10	Jammu & Kashmir	4058	515	12419	3060	24209	01.01.2017
11	Jharkhand	1795	52	33303	18518	1077608	01.01.2016
12	Karnataka	5047	367	68415	13556	186417	31.12.2017
13	Kerala	5239	172	35677	6810	207423	01.01.2017
14	Madhya Pradesh	4093	119	78964	17182	663563	01.01.2017
15	Maharashtra	8661	80	118462	14696	1483150	31.12.2015
16	Manipur	1099	84	2592	2358	30215	01.01.2017
17	Meghalaya	585	62	2803	4791	45210	31.12.2017
18	Mizoram	437	44	1074	2458	24409	31.12.2017
19	Nagaland	437	33	2354	5386	71319	01.01.2016
20	Nadia	3359	184	42808	12744	261024	31.12.2017
21	Nagaland	2892	295	28372	9817	69596	31.12.2017
22	Rajasthan	7227	345	79524	10976	229923	31.12.2017
23	Sikkim	268	60	653	2437	10883	31.12.2017
24	Tamil Nadu	7233	584	69030	9544	118202	01.01.2016
25	Telangana**	4125	201	38520	9345	191842	01.01.2017
26	Tripura	1275	107	1887	1509	36140	31.12.2017
27	Uttar Pradesh	10754	188	214671	19962	1141899	01.01.2016
28	Uttarakhand	1344	59	10632	7911	182025	01.01.2017
29	West Bengal	8829	647	91920	10411	142071	01.01.2015
30	A & N Islands	72	6	551	7653	91853	01.01.2017
31	Chandigarh	341	17	1780	12624	104708	01.01.2017
32	D & N Haveli	98	52	437	4459	8404	31.12.2017
33	Daman & Diu	59	5	350	5593	66000	01.01.2017
34	Delhi	8121	312	20092	2205	64398	01.01.2015
35	Lakshadweep	29	1	78	2699	78279	01.01.2015
36	Puducherry	700	61	1669	2384	27361	01.01.2017
	<b>Total</b>	<b>134669</b>	<b>7238</b>	<b>1274699</b>	<b>11082</b>	<b>170604</b>	

Source: Directorate of State Health Services

The situation is worst in Bihar where one doctor serves a population of 28,391 people. Uttar Pradesh is ranked second with 19,962 patients per doctor, which is followed by Jharkhand (18,518), Madhya Pradesh (16,996), Chhattisgarh (15,916) and Karnataka (13,556).

Delhi is better in terms of doctor-population ratio amongst other states, where the ratio stands at 1:2203, which is still twice the recommended ratio by WHO. Rs. 3 per day is spent on an average Indian's healthcare.

The NHP report reflects the consistent indifferent approach of the government in terms of public health spending. The report states the country spent only 1.02 per cent of its GDP on healthcare in the financial year 2015-16.

It also says that the per capita public expenditure by the government on health stands at Rs 1,112 that comes to Rs 3 per day.

4.1.2: Trends in Public Expenditure on Health

Year	Public Expenditure on Health (in Rs. Crores)#	Population (in Crores)\$	GDP*	Per capita Public Expenditure on Health (in Rs.)	Public Expenditure on Health as Percentage of GDP (%)
2009-10	72536	117	6477827	621	1.12
2010-11	83101	118	7784115	701	1.07
2011-12	96221	120	8736039	802	1.10
2012-13	108236	122	9951344	890	1.09
2013-14	112270	123	11272764	913	1.00
2014-15	121600.23	125	12433749	973	0.98
2015-16	140054.55	126	13764037	1112	1.02
2016-17 (RE)	178875.63	128	15253714	1397	1.17
2017-18 (BE)	213719.58	129	16751688	1657	1.28

Source: # Public expenditure on Health from "Health Sector Financing by Centre and States/UTs in India 2015-16 to 2017-18", National Health Accounts Cell, Ministry of Health & Family Welfare.

### Remedial Actions of Government:

National health programmes, launched by the Government of India, have been playing crucial roles in tackling several serious health concerns, communicable and non-communicable diseases, over the last two decades. Malaria has been a problem in India for centuries, at one time now to achieve malaria-free country by 2027 and elimination by 2030, National Strategic Plan (NSP) 2017-22 for Malaria Elimination has been developed by National Vector Borne Disease Control Programme. For effective implementation of various elimination strategies, the focus of the programme is laid on district-level rather than State-level.

Ayushman Bharat - (AB-NHPM) (2018)- is a National Health Protection Scheme, which will cover over 10 crores poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage up to 5 lacs rupees per family per year for secondary and tertiary care hospitalization National Health Protection Mission will subsume the on-going centrally sponsored schemes- Rashtriya Swasthya Bima Yojana and Senior Citizen Health Insurance Scheme. This will be the world's largest government funded health care programme.

The National Medical Commission Bill, 2019 a milestone achievement to "curb avenues of corruption and boost transparency, accountability and quality in the governance of medical education."

- NITI Aayog report, 'Healthy States, Progressive India' outlines India's performance in health and highlights the varied complexities and challenges therein, as well as the scope for improvement.
- To improve public healthcare infrastructure and management, Uttar Pradesh government has been open to partnerships with international institutions like World Bank and private foundations like the Gates Foundation. An example is the World Bank assisted, Uttar Pradesh Health System Strengthening Project (UPHSSP). This aims to enhance medical health care facilities in the state with a grant of 170 million US Dollars
- There are also several ongoing public health projects and programs supported by the Gates Foundation under its 2012 agreement with the state government to improve health, agriculture and financial services to the poor.

In spite of such programmes access to healthcare services is still a critical task and rural residents often encounter barriers to healthcare that limit their ability to obtain the care they need. The barriers to healthcare access in rural areas are-

1. Healthcare workforce shortages impact healthcare access in rural communities.
2. Women's lack of resources to medical aids.
3. Women's ignorance about Government policies.
4. Women's ignorance about diseases and their serious consequences.
5. Women's ignorance about environment and environmental pollution.

6. Women's ignorance to retain their autonomy and freedom to sustain the resources of survival.
7. Social Stigma and Privacy Issues: - patients can feel fear or shame such as counseling or HIV test and many other issues.

No doubt, the target is tough but if public and private sectors work with cooperation and hand in hand solutions can be made as:-

1. Covid calamity can be resolved by promoting personal health and hygiene.
2. Improving daily living conditions like clean drinking water, environment, nourished food, etc.
3. Fair employment and decent work.
4. Coherent approach to health equity.
5. Improving gender equity for health.
6. Family planning characteristics.
7. Opening of medical colleges, health centers, and medical counseling cells.
8. Basic immunity system should be enriched by supplement food programmes.
9. Awareness about the utilization of mask, sanitization and social distancing.
10. Awareness and sensitization programmes in coordination with ASHA, ANM, AWW and VHSCs should be organized like special talks, documentary films, Nukkad- Natak, health melas and health days should be celebrated.

### CONCLUSION:

Government Infrastructure for health care is expected to meet the new requirements of lesser known diseases like COVID-19 which is a new disease. Many things are still unknown. As our knowledge evolves, our strategies and some of our disease control measures evolve with it.

In our analysis and our recommendations, we also have to consider issues beyond the health sector, including the socioeconomic impact of the pandemic. This is high time to think how we can achieve sustainable goals by 2030, neglecting the health of rural women. We will have to live aware and active because this pandemic will leave its scars for along.

Improved access to information through a range of health education strategies will definitely contribute a significant component of all the national health programs in India.

The operations, actual execution of programmes and implementation framework will provide a roadmap with clear deliverables and milestones to achieve the goal.

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